



ARIZONA REGIONAL BRAILLE CHALLENGE

February 13, 2017

**at the ARIZONA STATE SCHOOLS FOR THE
DEAF AND THE BLIND**

Tucson, Arizona

Dear Parents/Guardians/Participants:

Please complete the following questions and include this page with your 2017 Braille Challenge registration form.

The deadline for registration is **January 11, 2017**.

1. Special Family Event Sunday February 12th 4:00 – 8:00 Join us for dinner and an audio described movie.

of adults _____

of children _____

2. Snacks will be served during the Challenge. Does your child have any food allergies?

_____ No

_____ Yes

Allergic to _____

Please return completed forms to:

Lisa Yencarelli / Braille Challenge
Arizona State Schools for the Deaf and the Blind
1200 W. Speedway Boulevard
Tucson, Arizona 85745

Questions? Contact Lisa Yencarelli at 520-770-3247 or

lisa.yencarelli@asdb.az.gov



A NATIONAL PROGRAM
OF BRAILLE INSTITUTE

ARIZONA REGIONAL BRAILLE CHALLENGE

Tucson — February 13, 2017

Sponsored by Arizona State Schools for the Deaf and Blind

2017 PERMISSION FORM

Must be signed by parental/legal guardian and returned by **January 11, 2017** to ASDB, PO Box 88510, Tucson, AZ 85754, Attn: Lisa Yencarelli. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge® Finals at Braille Institute®.

Please print legal name clearly and fill out completely

*** Required fields**

* Last Name _____ * First Name _____

* Address _____ Apt. No. _____

* City _____ * State _____ * ZIP _____

* Birthdate _____ * Age _____ * Grade _____ * Telephone _____

* E-mail _____ Alternate phone _____

Adult attending with student _____ ☐ TVI ☐ Parent ☐ Para

T-Shirt Size **Youth:** ☐ X-Small ☐ Small ☐ Medium ☐ Large
Adult: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL

TO BE COMPLETED BY TEACHER OF THE VISUALLY IMPAIRED (Please fill out completely)

Name of Teacher of the Visually Impaired _____

Teacher's Email _____ Teacher's Phone _____

Regional Coordinator Name (if applicable) _____

Mark one:

Student Contest Level:

(NOT Grade in School)

☐ App
Grades 1–2

☐ Fresh
Grades 3–4

☐ Soph EBAE
Grades 5–6

☐ Soph UEB
Grades 7–9

☐ JV
Grades 7–9

☐ Varsity
Grades 10–12

☐ At Grade Level **Or** ☐ Below Grade Level (BGL) *(If Apprentice BGL ☐ Contracted **or** ☐ Uncontracted)

*Students who take a contest below their academic grade level in school or who take the uncontracted Apprentice contest are not eligible to attend the Finals.

CONTENT RELEASE

☐ I hereby give permission to Arizona State Schools for the Deaf and Blind ("ASDB") and Braille Institute of America, Inc. ("BIA"), for my child to participate in The Braille Challenge preliminary contest. I understand that if my child qualifies, he or she is eligible to attend The Braille Challenge final contest in Los Angeles on June 17, 2017.

PHOTOGRAPHIC RELEASE

☐ I hereby authorize ASDB and BIA to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by the above named contestant (collectively "Reproductions"). ASDB and BIA may use or permit to be used the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website including without limitation BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Print Name _____ Signature _____